



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E298768**

INTERSTATE <input type="checkbox"/>	CITY STREET <input type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input checked="" type="checkbox"/>	HIT & RUN INVOLVED <input checked="" type="checkbox"/>

TRIBAL RESERVATION ☐

CASE #	14-00065
LOCAL AGENCY CODING	0664
TOTAL # OF UNITS	02
OBJECT STRUCK	

DATE OF COLLISION	01 - 08 - 2014	TIME (2400)	1130	COUNTY #	31	MILES		N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W <input type="checkbox"/>	IN <input checked="" type="checkbox"/> OF <input type="checkbox"/>	CITY #	0664
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ON (PRIMARY TRAFFIC WAY) INTERSECTION ☐ NON-INTERSECTION ☒

1033 91 AV SE BLOCK NO. ☒ 1000 MILE POST ☐

DISTANCE 1000 MILES ☐ FEET ☒ OF (REFERENCE OR CROSS STREET) 11 ST SE

UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	PHONE	D: 4253976985
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LAST NAME	COURTIER	FIRST NAME	LARRY	MIDDLE INITIAL	G
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STREET NEW ADDRESS	1316 91ST AVE SE UNIT 32
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CITY	LAKE STEVENS	ST	WA	ZIP	982583735
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CDL	RESTRICTIONS	B	ENDORSEMENTS	
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DRIVER'S LICENSE #	COURTLG562DB	STATE	WA	SEX	M	D.O.B.	MMDDYYYY	03 - 02 - 1944
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR	4	EJECT	1	HELMET USE	9	INJURY CLASS	1	NATURE OF INJURIES	
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LICENSE PLATE #	393WZH	STATE	WA	VIN#	2FMZA51481BA26960
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	2001	MAKE	FORD	MODEL	WINDST	STYLE	VN	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY		GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. LARRY COURTIER 1316 91ST AVE SE LAKE STEVENS WA 98258

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	ALLSTATE 9 07 030098 06/01
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VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE	
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UNIT 02	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	PHONE	D: 4252996085
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LAST NAME	TALLMAN	FIRST NAME	SARAH	MIDDLE INITIAL	A
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STREET NEW ADDRESS	1218 89TH AVE SE
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CITY	LAKE STEVENS	ST	WA	ZIP	982586630
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CDL	RESTRICTIONS		ENDORSEMENTS	
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DRIVER'S LICENSE #	TALLMSA158N4	STATE	WA	SEX	F	D.O.B.	MMDDYYYY	08 - 24 - 1985
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	9	RESTR	9	EJECT	9	HELMET USE	9	INJURY CLASS	0	NATURE OF INJURIES	
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LICENSE PLATE #	AHC4360	STATE	WA	VIN#	JHMEJ8545VS002236
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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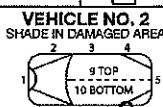
VEH. YEAR	1997	MAKE	HOND	MODEL	CIV4D	STYLE	4D	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY		GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. OWNED BY DRIVER

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	PROGRESSIVE 901814898
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VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE	
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OFFICER'S NAME (PRINT)	KERRY BERNHARD	BADGE OR ID #	120	AGENCY	WA0311900
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STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E298768**

CASE # **14-00065**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME
(LAST, FIRST, MIDDLE INITIAL)

ADDRESS & PHONE #

SEX

D.O.B.
MMDDYYYY

PASSENGER ☐

WITNESS ☐

UNIT #

SEAT
POS.

AIRBAG

RESTR.

EJECT

HELMET
USE

INJURY
CLASS

NATURE OF INJURIES

NAME
(LAST, FIRST, MIDDLE INITIAL)

ADDRESS & PHONE #

SEX

D.O.B.
MMDDYYYY

PASSENGER ☐

WITNESS ☐

UNIT #

SEAT
POS.

AIRBAG

RESTR.

EJECT

HELMET
USE

INJURY
CLASS

NATURE OF INJURIES

NAME
(LAST, FIRST, MIDDLE INITIAL)

ADDRESS & PHONE #

SEX

D.O.B.
MMDDYYYY

PASSENGER ☐

WITNESS ☐

UNIT #

SEAT
POS.

AIRBAG

RESTR.

EJECT

HELMET
USE

INJURY
CLASS

NATURE OF INJURIES

NARRATIVE

On 1/8/2014 at approximately 1130 hours, Unit 1 and Unit 2 were parked in the parking area of Skyline Elementary School located at 1033 91st Ave SE in the City of Lake Stevens. Unit 1 was parked behind Unit 2. The driver of Unit 1 attempted to pull out of the parking space. Unit 1 struck the right rear bumper of Unit 2 causing damage. Unit 2 was unoccupied at the time of the collision. The driver of Unit 1 did not stop or attempt to notify the owner of Unit 2. The owner of Unit 2 was notified of the collision by an unidentified witness. The witness provided Washington license number 393WZH as the license of Unit 1.

The driver of Unit 1 was contacted at his residence. He stated he was aware of the collision but did not believe any damage had been done to the vehicle. He did not observed any damage to his vehicle. I observed that Unit 1 has a gray rubber covered bumper. A small rub mark was located on the right front corner of the bumper. The driver of Unit 1 provided his insurance and DOL information. I contacted the owner of Unit 2 at her residence. I observed a deep scratch and rubber transfer on the left rear bumper of Unit 2. The owner of Unit 2 was provided an exchange of information.

No injuries were reported. Digital photographs were taken of both vehicles. The photographs were later transferred to compact disk and booked into the Lake Stevens Police Department property room as evidence. Both vehicles were driven from the scene.

Nothing further.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

KERRY BERNHARD

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

01-08-14 02:05 PM

DATED

PLACE SIGNED

APPROVED BY

BOB SUMMERS 079

DATE

1/9/2014 3:40:59 AM

BADGE OR ID #

120

ORI #

WA0311900

TIME POLICE DISPATCHED

12:41 PM

TIME POLICE ARRIVED

12:47 PM

PART B 3000-345-160 R (7/06)

PAGE **2** OF **3**

REPORT NO: E298768

CASE # 14-00065

DATE AND TIME
OF COLLISION 01/08/14 11:30

NOT OBSERVED

LAKE STEVENS POLICE EVIDENCE UNIT		Primary Officer/Badge Number <i>K. BERNHARD #170</i>		Case Number <i>19-00065</i>	
Type of Crime: Felony / Misdemeanor (Circle)		Type of Case: <i>ACCIDENT</i>		Date/Time: <i>1/8/14 1453</i>	
Action Number: 3 - EVIDENCE; 5 - FOUND; 10 - SAFEKEEPING		*Evidence will be held until court disposition or when the Statute of Limitations has expired *Found and Safekeeping will be held for 60 days or 60 days past owner notification			

Item # <i>KB-1</i> Action # <i>3</i>	Item <i>PHOTO CD</i>	Brand Name		Storage Location	Disposition			
	Brand/Model/Caliber		(Further Description)					
	Serial #	Where Found	Weight of Narcotic					
Owner's Name <i>LSPD</i>		Address		City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions <div style="text-align: right;"><i>#170</i></div>								

Item #	Item	Brand Name		Storage Location	Disposition			
	Brand/Model/Caliber		(Further Description)					
	Serial #	Where Found	Weight of Narcotic					
Owner's Name		Address		City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions								

Item #	Item	Brand Name		Storage Location	Disposition			
	Brand/Model/Caliber		(Further Description)					
	Serial #	Where Found	Weight of Narcotic					
Owner's Name		Address		City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions								

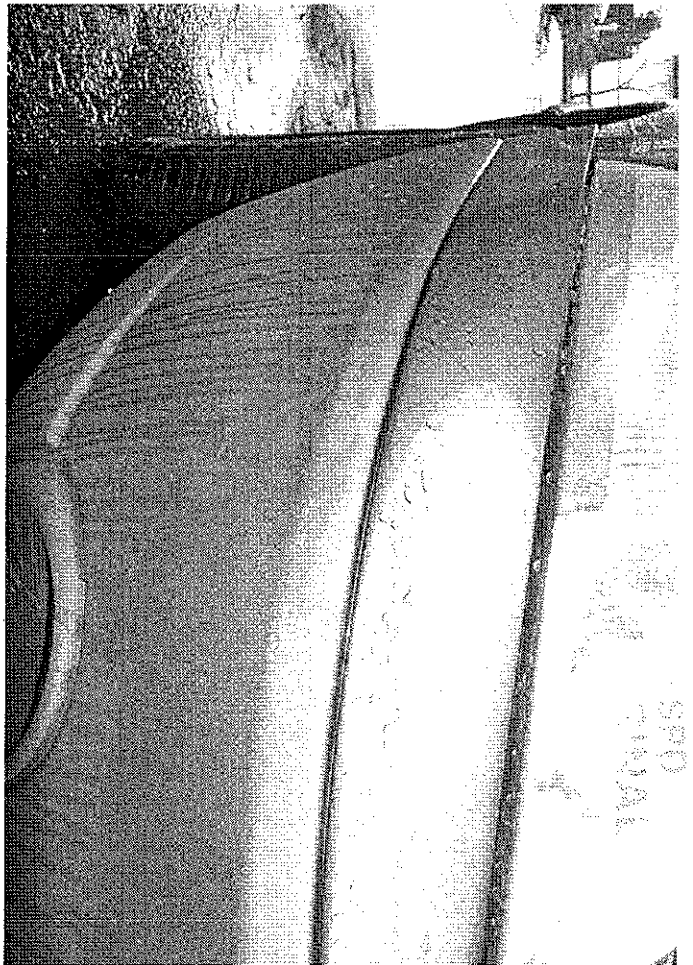
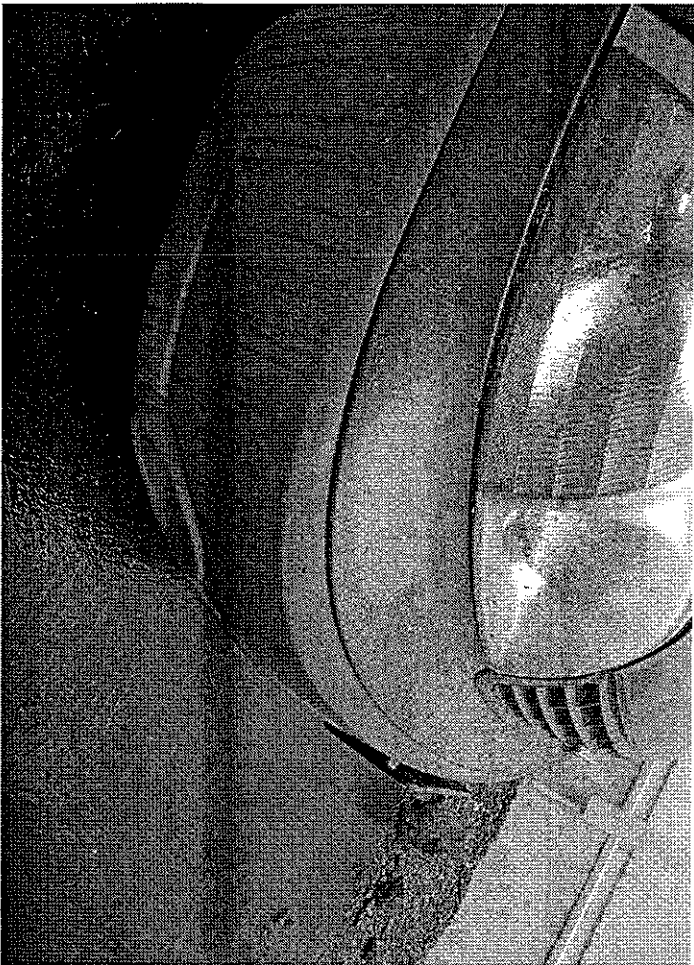
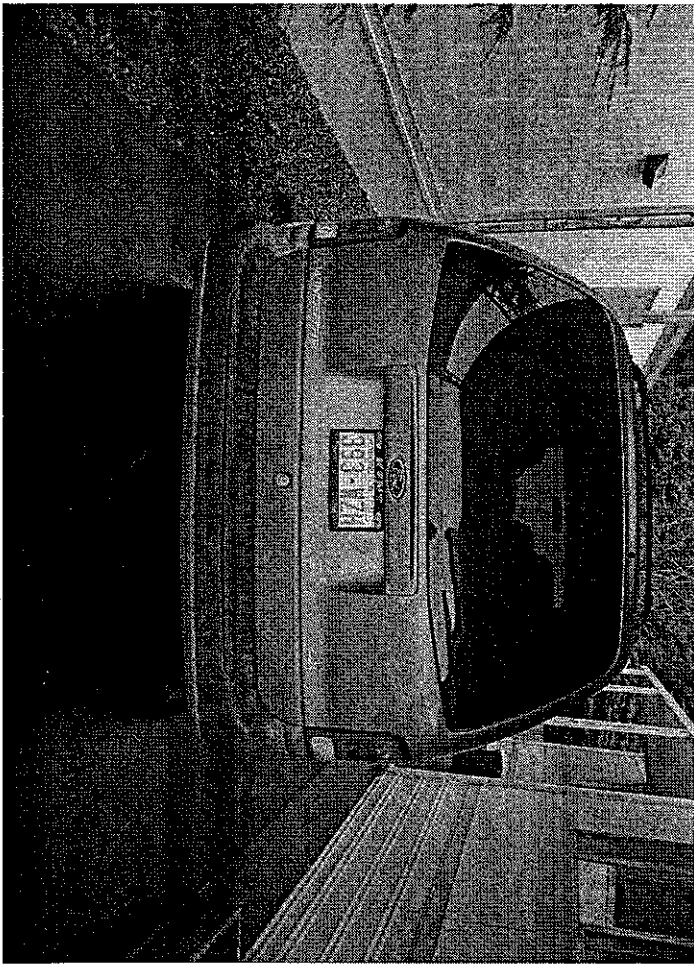
Item #	Item	Brand Name		Storage Location	Disposition			
	Brand/Model/Caliber		(Further Description)					
	Serial #	Where Found	Weight of Narcotic					
Owner's Name		Address		City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions								

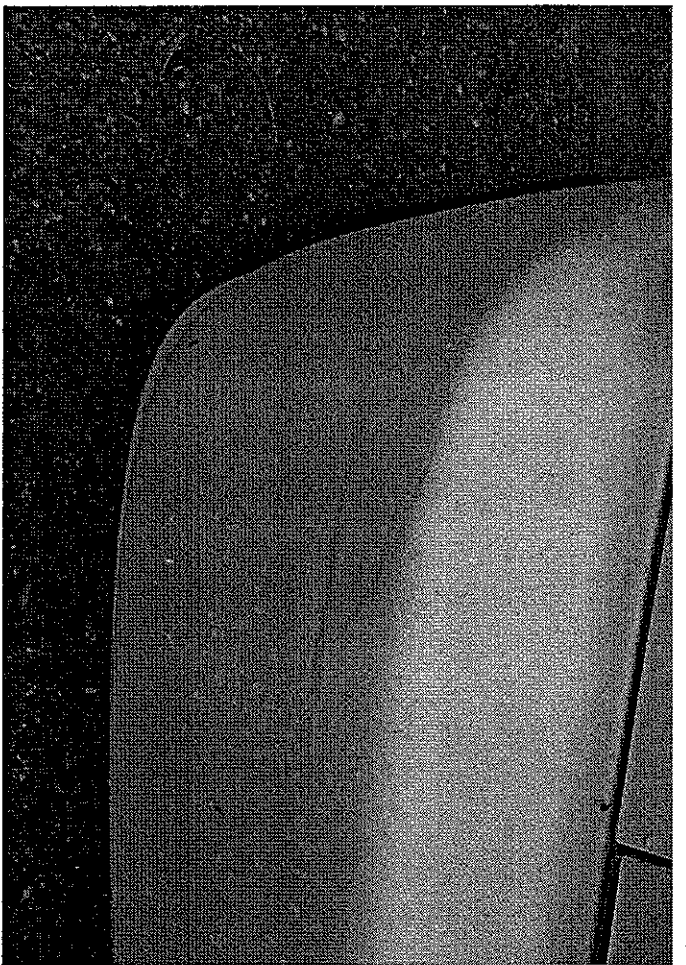
Item #	Item	Brand Name		Storage Location	Disposition			
	Brand/Model/Caliber		(Further Description)					
	Serial #	Where Found	Weight of Narcotic					
Owner's Name		Address		City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions								

Item #	Item	Brand Name		Storage Location	Disposition			
	Brand/Model/Caliber		(Further Description)					
	Serial #	Where Found	Weight of Narcotic					
Owner's Name		Address		City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions								

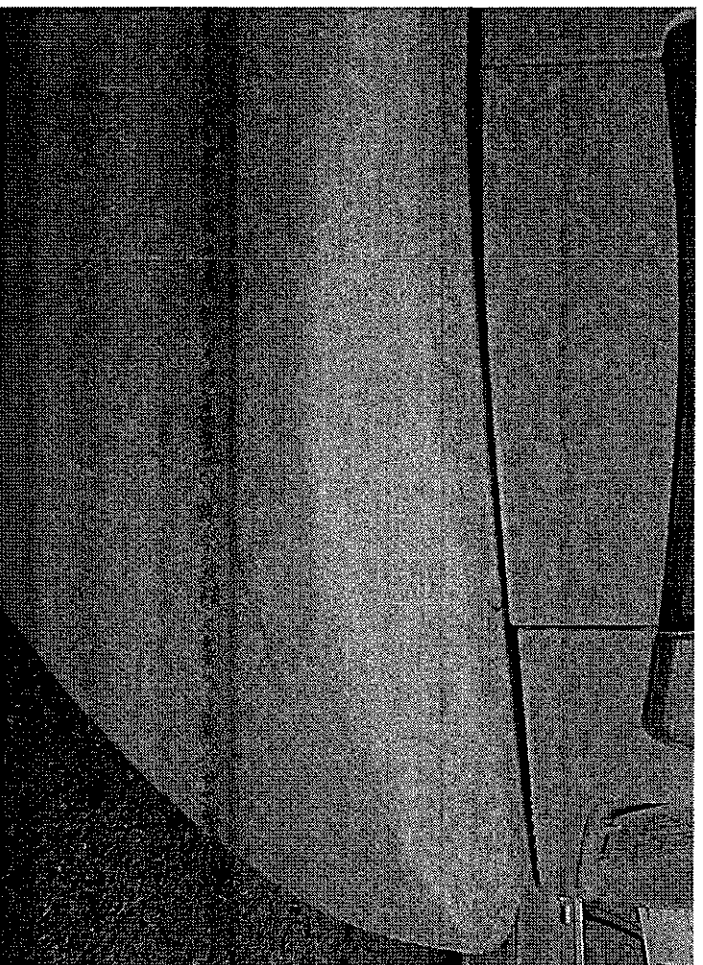
Evidence Control Use Only:

Received by Evidence:	NCIC/WACIC <input checked="" type="checkbox"/> Date:	CAD/RMS Checked	ROUTING:
Name: _____ # _____	NCIC/WACIC + Date:	Owner Letter Sent:	White: Property Room
Date: _____ Time: _____	NCIC/WACIC - Date:	Owner Letter Sent:	Yellow: Case File





LSPD
ORIGINAL



Incident History for: #SS14000538

Case Numbers: \$SS14000065

Entered 01/08/14 12:34:21 BY SPCT06 SP0181

Dispatched 01/08/14 12:41:22 BY SPDP17 SP0203

Enroute 01/08/14 12:41:22

Onscene 01/08/14 12:47:39

Closed 01/08/14 13:15:26

Initial Type: COL Initial Alarm Level: Final Alarm Level:

Final Type: COL (COLLISION, NON-PRIORITY) Pri: 3 Dispo: H

Police BLK: SS003E Fire BLK: AG1418 Map Page: 397E-3 Group: SS1 Beat: SOUT

Src: T

Loc: 1033 91 AV SE ,LKS -- SKYLINE ES ,LKS btwn 8 ST SE & 12 PL SE (V)

Loc Info:

Name: TOLMAN, SARA

Addr:

Phone: 4252996085

/1234 (SP0181) ENTRY ,CCPH, 1 HR AGO,HIT AND RUN TO RP'S PARKED VEH,
SUS INFO

/1234 (SP0203) VIEWED

/1241 DISPER SS1940 #SS120 BERNHARD,OFFICER (KERRY)

/1241 CHGLOC SS1940 [PH]

/1242 (SS120) REMINQ SS1940 MDTVEH,393WZH,,WA,,,,,,,,

/1245 REMINQ SS1940 MDTVEH,393WZH,,WA,,,,,,,,

/1247 (SP0203) NEWLOC SS1940 [1316 91 AV SE #32]

/1247 MISC SS1940 ,NEG COVER

/1252 MISC SS1940 ,C4

/1255 (SS120) *ASNCAS SS1940 \$SS14000065

/1305 *MISC SS1940 ,1218 89 AV SE

/1306 (SP0203) CHGLOC SS1940 [1218 89 AV SE]

/1306 ONSCNE SS1940

/1315 CLEAR SS1940 D/H

/1315 CLOSE SS1940

LSPD
ORIGINAL